DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 10/26/13

PRINTED: 09/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445236	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOULEVARD TERRACE REHABILITATION AND NURSING HOME	1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to continuously maintain the sprinkler system. The finding included: On 9/10/13 at 11:50 AM, observation within the sprinkler riser room revealed there were only only five extra sprinklers instead of six. The finding was acknowledged by the Administrator and verified by the Maintenance Director during exit interview on 9/10/13.	K 062	K062 SS=E Life safety code standards Facility required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. **Residents Affected/Potentially Affected by the Cited Deficient Practice:** No specific residents were identified. **Identification of Other Residents Potentially Affected:** Resident residing in the facility have the potential to be affected. **Measures/Systemic Changes Implemented:** Audit weekly X4 then monthly X3 by Maintenance Director the sprinkler heads in sprinkler riser room. **Monitoring:** These findings will be presented by Maintenance in the monthly Quality Assurance Committee monthly x4 months which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance.	10/21/13
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system. The finding included: On 9/10/13 at 10:30 AM, observation within the beauty pallor revealed the electric cord to the hair dryer was overly stretched.	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator | 9/24/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	445235	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOULEVARD TERRACE REHABILITATION AND NURSING HOME	1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 1 This was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/10/13.	K 147	K147 SS=E Life safety code standards Facility ensures electrical wiring and equipment is in accordance with NFPA 70. **Residents Affected/Potentially Affected by the Cited Deficient Practice:** No specific residents were identified. **Identification of Other Residents Potentially Affected:** Resident residing in the facility have the potential to be affected. **Measures/Systemic Changes Implemented:** Audit weekly X4 then monthly X3 by Maintenance Director electrical cords in beauty shop area to ensure electrical wires length is appropriate.. **Monitoring:** These findings will be presented by maintenance in the monthly Quality Assurance Committee monthly x4 months which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance.	10/24/13

9/24/13